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APPLICANTS

Jonathan Kost, Farmington, CT;

** CONTINUING DATA ***** None / QT

** FOREIGN APPLICATIONS ***** None / QT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/19/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 9	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials QT		

ADDRESS

McCormick, Paulding & Huber
 City Place II
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 Hartford, CT
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TITLE

Myotherapy massage device

FILING FEE RECEIVED 1538	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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